

**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CLEANING TOOL AND METHOD OF MANUFACTURING CLEANING PART THEREOF, the specification of which:

(check one) ☐ is attached hereto ☒ was filed on March 3, 2005 as

United States Application Number or PCT International Application No. PCT/JP2005/003571 and  
was amended on  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)		Priority Claimed	
<u>2004-064310</u>	<u>Japan</u>	<u>March 8, 2004</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>
(NUMBER)	(COUNTRY)	(DAY/MONTH/YEAR FILED)	YES NO
<u>2004-091169</u>	<u>Japan</u>	<u>March 26, 2004</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>
(NUMBER)	(COUNTRY)	(DAY/MONTH/YEAR FILED)	YES NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT international application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>(APPLICATION SERIAL NO.)</u>	<u>(FILING DATE)</u>	<u>Pending</u> <u>(STATUS)</u>
		(PATENTED, PENDING, ABANDONED)

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys and/or agents associated with Customer Number 000035777 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Leonard W. Sherman	Reg. No. 19,636
Robert L. Haines	Reg. No. 35,533

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I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or document or any patent issuing thereon.

Full name of sole or first inventor	<u>Kikuo</u>	<u>YAMADA</u>
	GIVEN NAME	FAMILY NAME

Inventor's signature \_\_\_\_\_.

Date of signature \_\_\_\_\_.

Residence	<u>Tokyo</u>	<u>Japan</u>
	CITY	COUNTRY

Citizenship Japanese

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Full name of second inventor	_____	_____	_____
	GIVEN NAME	MIDDLE NAME	FAMILY NAME

Inventor's signature \_\_\_\_\_.

Date of signature \_\_\_\_\_.

Residence	_____	_____	_____
	CITY	STATE OR PROVINCE	COUNTRY

Citizenship \_\_\_\_\_

Post Office Address  
(insert complete mailing  
address, including country)

Full name of third inventor	_____	_____	_____
	GIVEN NAME	MIDDLE NAME	FAMILY NAME

Inventor's signature \_\_\_\_\_.

Date of signature \_\_\_\_\_.

Residence	_____	_____	_____
	CITY	STATE OR PROVINCE	COUNTRY

Citizenship \_\_\_\_\_

Post Office Address  
(insert complete mailing  
address, including country)